

Maricopa County
Benefits Office
301 West Jefferson, Suite 201
Phoenix, AZ 85003



JOHN Q SAMPLE
123 MAIN STREET
ANYTOWN, US 12345

Welcome to the HealthSelect Prescription Drug Program.
The plan is administered by Walgreens Health Initiatives (WHI) effective January 1, 2004.
The program has two parts:

- Retail Pharmacy Benefit — Choose from thousands of participating pharmacies nationwide.
- Mail Service Pharmacy Benefit — Order your prescriptions and have them delivered right to your door.

The information explained in this packet is not a guarantee of benefits and may be subject to change. If there is any discrepancy between this information and any other legal documents governing the plan, the legal documents govern.

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Attached are your NEW pharmacy benefit ID cards.

This packet includes:

- Your pharmacy benefit ID cards (attached)
- Partial listing of participating retail pharmacies
- Order Form and pre-addressed envelope for mail service orders
- Tips and information about using your benefit
- Formulary Guide

Internet

Visit our web site at www.mywhi.com for the following:

- Find your prescription copayment
- Determine if your medication is covered under your plan
- Order mail service refills
- Find generic alternatives
- Access your prescription history

WHI Member Services

If you have a question about your pharmacy benefits
(for example, copay, eligibility, or location of a nearby participating pharmacy),
call WHI Member Services toll-free at 1-800-207-2568.

24 hours a day, 7 days a week

TTY: 1-888-411-0767

Your Cost

When your covered prescriptions are filled under this program, you share a portion of the cost; the plan pays for the rest. Your costs for the program are as follows:

Retail Pharmacy (short-term medications):

Up to 30-day supply	Generic: \$5.00
	Formulary: \$15.00
	Non-Formulary: Not Covered

Walgreens Retail Pharmacies (long-term medications):

90-day supply	Generic: \$15.00
	Formulary: \$45.00
	Non-Formulary: Not Covered

Mail Service (long-term medications):

Up to 90-day supply	Generic: \$15.00
	Formulary: \$30.00
	Non-Formulary: Not Covered

It is standard pharmacy practice (and in some states, it is even required by law) to substitute generic equivalents for brand-name drugs whenever possible.

When you use the mail service or a participating retail pharmacy, you will receive generic substitutes whenever available and allowable.

Under your benefit plan, whenever a brand-name drug is dispensed when a generic substitute is available and allowable, **you will be responsible for the total cost of the medication.**

Clinical Prior Authorization Program

Certain prescriptions require "clinical prior authorization," or approval from your plan, before they will be covered. The categories/medications that require clinical prior authorization may include, but are not limited to: Acne (topical-after age 36), ADHD/Narcolepsy (after age 20), Anabolic Steroids (all types), Antiemetics (oral-after 7-day supply per 25-day increment), Botulinum Toxins, Butorphanol (after two 5 ml bottles per 25-day supply), Diflucan (150 mg-after 2 per 25-day supply), Insomnia (after 90 qty. per 144-day supply), Lamisil/Sporanox, Migraine (after 8 injectable/ 8 nasal/ 18 oral per 25-day supply) and Obesity.

To confirm whether you need clinical prior authorization and/or to request approval, call 1-877-665-6609. Please have available the name of your medication, physician's name, phone (and fax number, if available), your member ID number and your group number (from your ID card).

Specialty Pharmacy

Certain medications used for treating complex health conditions must be obtained through the Specialty Pharmacy program. The following conditions may require

Specialty Pharmacy (continued)

drugs that fall under Specialty Pharmacy which include, but are not limited to: Cerezyme & Ceredase, Cystic Fibrosis, Growth Hormone Deficiency, Multiple Sclerosis, Rheumatoid Arthritis and Viral Hepatitis. Prescriptions for these types of drugs may only be filled at a local Walgreens pharmacy or via home delivery. Please call 1-888-782-8443 to enroll in this program.

Covered Drugs

Please refer to your Summary Plan Description for details about covered and non-covered drugs. For specific drug inquiries, contact WHI Member Services at 1-800-207-2568.

Drugs Not Covered

- Cosmetic drugs
- Infertility drugs
- Over-the-counter (OTC) items

This is a *partial* listing of non-covered drugs. Certain prescriptions may require physician confirmation of medical necessity. Please refer to your Summary Plan Description for details.

Participating Pharmacies

You can choose from more than 54,000 participating pharmacies. Below are just some of the many pharmacies participating in our nationwide retail network. For additional participating pharmacies, call WHI Member Services at 1-800-207-2568 or visit our web site at www.mywhi.com.

Acme	Pay Less Super Markets
Albertsons	Publix
Brooks Pharmacy	Randalls
Costco	Rite Aid
Duane Reade	Sateway
Eckerd	Sam's Club
Fred Meyer	Sav-on Drugs
Fred's	ShopKo
Fry's Food & Drug Stores	ShopRite
Hy-Vee Stores	Smith's Food & Drug Stores
Kerr Drug	Stop & Shop
Kmart	Target
Kroger	Thrifty Drug
Longs Drugs	United Supermarkets
Medicap Pharmacy	USA Drug / Super D
Meijer	Walgreens
Osco Drug	Wal-Mart
Pathmark	Winn-Dixie

Mail Service Pharmacy Tips

- Complete attached registration form. You may also register yourself (and dependents, if applicable) at www.mywhi.com.
- New prescriptions must be mailed to the mail service pharmacy.
- For long-term medications you need right away: ask your doctor for two prescriptions—one for a small supply to fill at a participating retail pharmacy, and one for a long-term supply to fill through the mail.
- If two or more prescriptions are sent in for multiple family members, the prescriptions will be shipped, as a single order, to an adult family member at the address given on the order form. If you prefer different shipping arrangements for privacy or other reasons, please contact Customer Service.
- Most orders are shipped by U.S. Postal Service. Controlled substances may require an adult signature upon receipt. Packaging does not show any indication that medications are enclosed.
- Allow 2 weeks for delivery.
- Emergency prescriptions can be shipped overnight. Please call Customer Service.
- Include payment, if applicable to avoid any delays. Please do not send cash.
- Make checks payable to Walgreens Healthcare Plus. Credit cards accepted.
- Refills cannot be transferred from other pharmacies. Request a new prescription from your doctor.

Mail Pharmacy Customer Service:

1-888-265-1953 (TTY: 1-800-573-1833)

Monday–Friday, 7:00 a.m. – 7:00 p.m. (Mountain)

Saturday, 7:00 a.m. – Noon (Mountain)

Refills by Phone:

1-800-RX-REFILL (1-800-797-3345)

(en español: 1-800-778-5427)

Internet:

www.mywhi.com

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**Walgreens
Healthcare Plus**



11600000WHPWHP329

Name JOHN Q SAMPLE

ID 123456789

RxGrp 512229

Int+ WHP

UPI WHP329

MARY

LAURA

TOM

JERRY

ANTHONY

ANGELA

REGISTRATION & PRESCRIPTION ORDER FORM

Use black ink only. Enclose form with prescription(s) and payment.

EMPLOYEE / RETIREE INFO.

☐ Male ☐ Female

Suffix extension

☐ Patient needs snap-on caps

if on ID card

☐ Patient needs Spanish vial labels

ID Number

(Important)

1

2

3

4

5

6

7

8

9

Name (First, Last)

JOHN Q SAMPLE

Date of Birth (MM/DD/YYYY)

Shipping Address (Please do not use P.O. Box)

123 MAIN STREET

Daytime Phone

City

ANYTOWN, US 12345

State

ZIP Code

Evening Phone

E-mail Address

Dr. Name

Dr. Phone (Required)

ALLERGIES:

☐ 87-Sulfa

☐ No known

☐ 93-Tetracycline

☐ 32-Codeine

☐ Other (list):

☐ 70-Penicillin

HEALTH CONDITIONS:

☐ 400-Heart disease

☐ No known

☐ 500-Glaucoma

☐ 200-Diabetes

☐ 600-Stomach disorders

☐ 300-Hypertension

☐ 700-Thyroid disease

☐ 800-Arthritis

☐ Other (list):

PAYMENT – CHECK OR CREDIT CARD (VISA, MasterCard, Discover, American Express)

It is standard pharmacy practice to substitute generic equivalents for brand-name drugs whenever possible. Walgreens Healthcare Plus will dispense an FDA-approved generic equivalent whenever available, permitted by your prescriber, and allowable by law. If you do not want a generic equivalent, please call our Customer Service number to advise.

Rx Type	No.	Cost (ea.)	Subtotal
Generic		\$15.00	\$
Formulary		\$30.00	\$
Non-Formulary		\$*	\$
			\$
TOTAL AMOUNT ENCLOSED			\$

Credit Card Number

Credit Card Expiration

(MM/YY)

*Not Covered

Mail to: Walgreens Healthcare Plus P.O. Box 29061, Phoenix, AZ 85038-9061

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Turn page and complete dependent info. on the other side of this form.

DEPENDENT INFO.		<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="text"/> <input type="text"/> Suffix extension if on ID cards	<input type="checkbox"/> Patient needs snap-on caps	<input type="checkbox"/> Patient needs Spanish vial labels
Name (First, Last)		Date of Birth (MM/DD/YYYY) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
Shipping Address (if different than employee / retiree)				Daytime Phone ()		
City	State	ZIP Code	Evening Phone ()			
E-mail Address		Dr. Name	Dr. Phone (Required) ()			
ALLERGIES:		<input type="checkbox"/> No known	<input type="checkbox"/> 32-Codeine	<input type="checkbox"/> 70-Penicillin		
<input type="checkbox"/> 87-Sulfa		<input type="checkbox"/> 93-Tetracycline	<input type="checkbox"/> Other (list):			
HEALTH CONDITIONS:		<input type="checkbox"/> No known	<input type="checkbox"/> 200-Diabetes	<input type="checkbox"/> 300-Hypertension		
<input type="checkbox"/> 400-Heart disease		<input type="checkbox"/> 500-Glaucoma	<input type="checkbox"/> 600-Stomach disorders			
<input type="checkbox"/> 700-Thyroid disease		<input type="checkbox"/> 800-Arthritis	<input type="checkbox"/> Other (list):			
DEPENDENT INFO.		<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="text"/> <input type="text"/> Suffix extension if on ID cards	<input type="checkbox"/> Patient needs snap-on caps	<input type="checkbox"/> Patient needs Spanish vial labels
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<input type="checkbox"/> 700-Thyroid disease		<input type="checkbox"/> 800-Arthritis	<input type="checkbox"/> Other (list):			

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Mail Service Pharmacy Order Form

New Prescription Orders



*Providing convenience for your
prescription drug needs...*

cut here ✂

Mail Pharmacy Customer Service:

1-888-265-1953

(TTY: 1-800-573-1833)

Monday-Friday, 7 a.m. – 7 p.m. (Mountain)

Saturday, 7 a.m. – Noon (Mountain)

Refills by Phone:

1-800-RX-REFILL (1-800-797-3345)

(en español: 1-800-778-5427)

Internet:



www.mywhi.com

Please Note: By submitting this form, you have authorized release of all information to Walgreens Healthcare Plus (and other necessary parties) as required to process your prescriptions and their refills under your benefit plan.

Thank you for your order.

Walgreens
HEALTH
INITIATIVES

FRONT

  HealthSelect	
www.mywhi.com	
PRESCRIPTION DRUG PROGRAM	
RxBIN	603286
RxPCN	01410000
RxGrp	
Issuer	(80840)
≡ Name	JOHN Q SAMPLE
ID	123456789

BACK

PLEASE PRESENT THIS CARD EACH TIME YOU VISIT A PARTICIPATING RETAIL PHARMACY	
TERMS AND CONDITIONS	
<p>This card is non-transferable and is for identification purposes only. It is not a guarantee of coverage. The terms of the agreement between Walgreens Health Initiatives and the insuring organization govern all prescription benefits obtained through use of this card, which is the sole property of Walgreens Health Initiatives. Any fraudulent or unauthorized use of this card is strictly prohibited by law.</p> <p>When your eligibility terminates, this card is void.</p>	
WHI Member Services: 1-800-207-2568 www.mywhi.com	Submit UCF Claims to: Walgreens Health Initiatives P.O. Box 545 Deerfield, IL 60015
	